

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN		1-1-10 to 6-30-10	
Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MILWAUKEE COUNTY ELECTION COMMISSION	
Instructions for completing schedules are on the back of each schedule.		2010 JUN 30 AM 11:40	
COMMITTEE IDENTIFICATION		RECEIVED OFFICE USE ONLY	
Name of Committee <i>FRIENDS OF PAT JURSIK</i>			
Street Address <i>4600 SO. PACKARD AVE.</i>			
City, State and Zip Code <i>CULDAHY, WI 53110</i>		WSEB ID Number:	
Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. <input type="checkbox"/>			
NAME OF REPORT			
<input type="checkbox"/> January Continuing <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special <input checked="" type="checkbox"/> July Continuing <input type="checkbox"/> Pre-Election <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special			<input type="checkbox"/> Termination Report <i>also complete Schedule 4</i>
SUMMARY OF RECEIPTS AND DISBURSEMENTS			
1. RECEIPTS	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only
1A. Contributions (Including Loans) from Individuals	\$ -0-	\$ 50.00	\$ -
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$ -0-	\$ -
1C. Other Income and Commercial Loans	\$ -0-	\$ -0-	\$ -
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ -0-	\$ 50.00	\$ -
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 125.00	\$ 125.00	\$ 125.00
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$ -0-	\$ -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 125.00	\$ 125.00	\$ 125.00
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 2,500.22		\$ 2500.22
Total Receipts	\$ -0-		\$ -
Subtotal	\$ 2,500.22		\$ 2500.22
Total Disbursements	\$ 125.00		\$ 125.00
CASH BALANCE END OF REPORT	\$ 2,375.22		\$ 2375.22
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ -0-		\$ -
LOANS (Balance at the Close of This Period-3B)	\$ 11,791.47		\$ 11,791.47

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. J

Type or Print Name of Candidate or Treasurer <i>PATRICIA D. JURSIK, CANDIDATE</i>	Signature of Candidate or Treasurer <i>Patricia D. Jursik</i>	Date: <i>7/1/2010</i>	Daytime Phone: <i>414-744-7960</i>
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The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 2-A
**DISBURSEMENTS
Gross Expenditures**

 Page 1 of 1

Complete Committee Name

FRIENDS OF PAT JURSIK

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
4/26/10	MJ MEDIA, LLC 3512 BLANWOOD AVE. SOUTH MILWAUKEE, WI 53170 Check if: <input checked="" type="checkbox"/> In-Kind Offset	WEB HOSTING INV. 2188 5-1-10 - 4-30-11	125.00	
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 125.00	
TOTAL ITEMIZED EXPENDITURES			\$ - 0 -	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ - 0 -	
TOTAL EXPENDITURES			\$ 125.00	